

TV, Film, Webisodes & Theatre Producers E&O - Individual Proposal form

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- • Please provide all requested information, attaching answers on a separate sheet if necessary.
- • The proposer and underwriters are free to choose the law applying to this insurance contract.
- • Unless specifically agreed to the contrary, this insurance shall be subject to English law.



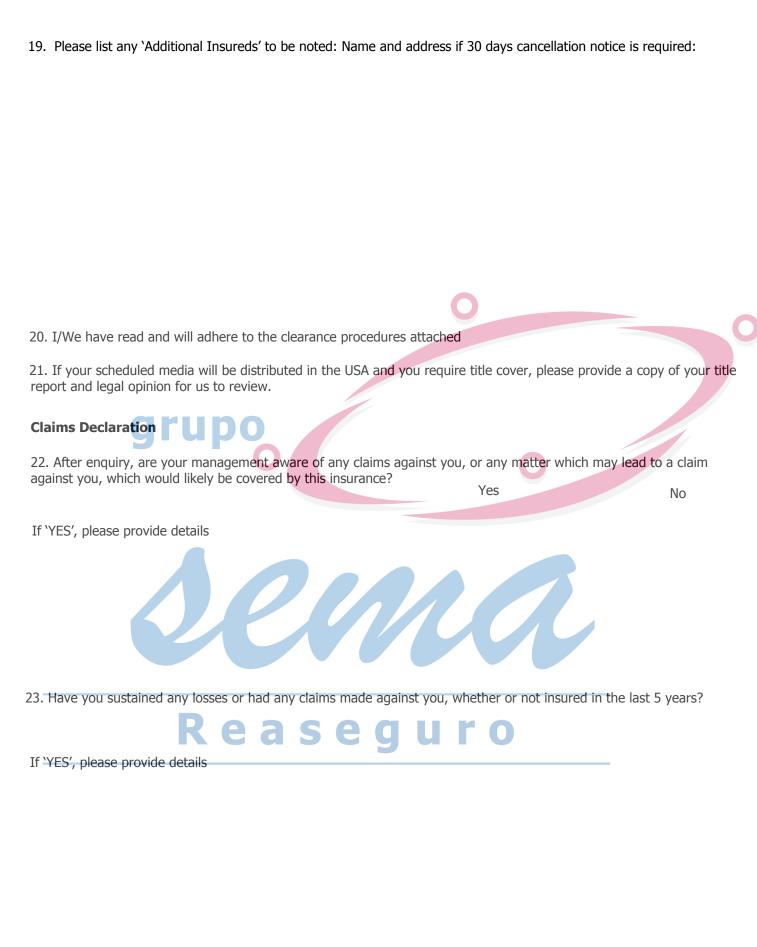
5. Brief Synopsis

Please provide title, author and date published		
7. Have you obtained the licenses, clearan	nces and consents from and author and / or rights owner fo	r your proposed use?
Yes	No	
If 'NO', please explain		
8. Has production been previously aired?	Yes	No
If 'YES', please state date of primary airing	g and territory	
9. Tipo de Producción (Favor de Indicar): Production Type Genre		
10. Is this production (please tick)		
11. Please state		
Name of producer		
Executive producer Res	aseguro	
Writer		
12. Number of episodes and minutes per e	episode (if applicable)	
13. Territories for distribution		

6. Basis of production (please tick)

Clearance procedures

	on be reviewed by a suitably experienced media lawyer, for the usual famation, contempt, invasion of privacy, copyright and trademark?
Yes	No
15. Name of lawyer and law firm	
If 'NO', please explain	
grupo	
	been obtained or will be obtained for the following prior to first
Copyright owners	
Authors, Writers, Contributors (including creati	ve input) and Performers
Any living persons appearing or used in your so	cheduled media
Heirs or estates of deceased persons	
Music owners	
Owners of film footage, TV clips, photographs	
Persons featured in film footage, TV clips, phot	ographs
17. Please advise Policy limit required	seguro
18. Please advise Policy period required	
1 Year	
3 years	
4 years	
5 years	



Declaration

Please read this paragraph carefully before signing the declaration:

The undersigned is authorised by the proposer and declares that all the statements in this proposal, and oral or written statements provided to us are true, complete and not misleading.

Signing of this proposal does not obligate you or us to bind the insurance. It is agreed that all oral or written statements provided by you or on your behalf are incorporated into the contract if a policy is issued and have been relied on by us.

You agree that if the information supplied on this proposal changes between the date of this proposal and the effective date of the insurance, you will, in order for the information to be true, complete and not misleading on the effective date of the insurance, immediately notify us of such changes, and we may withdraw or modify any terms including agreements to bind the insurance.

Name of director/officer/board member senior manager senior manager

I confirm that the statements are true, complete and not misleading. Signature of director/officer/board member Date: